

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORMS TO-90)

10-03/4/15

ITEM	AS FILED		CHARGE		ADMITTED		COSTS	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1								
2								
3		12						
4		121						
5		103						
6		121						
7		103						
8		121						
9		103						
10		121						
11		103						
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47								
48								
49								
50								
TOTAL IND.		10						
TOTAL DEP.		10						
TOTAL CHG.		10						